

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018337

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 89

VS 300
Rev. 4/59

1 0190

2 0190

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 91-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>CASS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Freeman</u> | | c. CITY OR TOWN <u>Freeman</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Service Pipe Line Station</u> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) <u>Robert Glenn Lacy</u> | | 4. DATE OF DEATH <u>May 15 - 1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-29-1907</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Service Pipe Line</u> | |
| 13a. FATHER'S NAME <u>George Washington Lacy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Myrtle Beggs</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>_____</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | 14. NAME OF HUSBAND OR WIFE <u>Muriel Lacy</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Freeman</u> | |
| 20g. COUNTY <u>CASS</u> | | 20h. STATE <u>MISSOURI</u> | |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Dr. Barger MD</u> | | 22b. ADDRESS <u>Harrisonville Mo</u> | |
| 22c. DATE SIGNED <u>May 17/62</u> | | 22d. LOCATION (City, town, or county) <u>Freeman - Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>5-18-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Freeman - Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Atkinson Dickey</u> | | 25. DATE RECD BY LOCAL REG. <u>May 18-1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Ms Ray, Subree</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 7902

P. O. Address Harrodsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.